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<b>O I P</b> <b>TRANSMITTAL</b> <b>FORM</b> <b>AUG 10 2005</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/937,913
		Filing Date	October 1, 2001
		First Named Inventor	Sopp
		Art Unit	2121
		Examiner Name	Barnes, Crystal J.
Total Number of Pages in This Submission		Attorney Docket Number	A34661 PCT USA (071308.0244)

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1 Red-ink Replacement Sheet	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Baker Botts LLP	Customer No.	21003
Signature			
Printed name	Bradley B. Geist		
Date	08/08/2005	Reg. No.	27,551

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being ~~facsimile~~ transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Bradley B. Geist

Date 08/08/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

  Applicant claims small entity status. See 37 CFR 1.27

AUG 1 0 2005 TOTAL AMOUNT OF PAYMENT (\$ 120)

Complete if Known	
Application Number	09/937,913
Filing Date	October 1, 2001
First Named Inventor	Sopp
Examiner Name	Barnes, Crystal J.
Art Unit	2121
Attorney Docket No.	A34661 PCT USA (071308.0244)

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None

 Deposit Account:

Deposit Account Number **02-4377**  
 Deposit Account Name **Baker Botts L.L.P.**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001	2001	Utility filing fee	
1002	2002	Design filing fee	
1003	2003	Plant filing fee	
1004	2004	Reissue filing fee	
1005	2005	Provisional filing fee	
SUBTOTAL (1) (\$ 0)			

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20	= <input type="text"/> X <input type="text"/> = 0	
Independent Claims	-3	= <input type="text"/> X <input type="text"/> = 0	
Multiple Dependent		= <input type="text"/> 0	

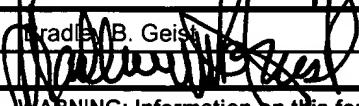
Large Entity Fee Code	Small Entity Fee Code	Fee Description
1202	2202	Claims in excess of 20
1201	2201	Independent claims in excess of 3
1203	2203	Multiple dependent claim, if not paid
1204	2204	** Reissue independent claims over original patent
1205	2205	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$ 0)		

\*or number previously paid, if greater; For Reissues, see above

Fee Description	Fee Paid
Surcharge - late filing fee or oath	
Surcharge - late provisional filing fee or cover sheet	
Non-English specification	
For filing a request for ex parte reexamination	
Requesting publication of SIR prior to Examiner action	
Requesting publication of SIR after Examiner action	
Extension for reply within first month	120
Extension for reply within second month	
Extension for reply within third month	
Extension for reply within fourth month	
Extension for reply within fifth month	
Notice of Appeal	
Filing a brief in support of an appeal	
Request for oral hearing	
Petition to institute a public use proceeding	
Petition to revive - unavoidable	
Petition to revive - unintentional	
Utility issue fee (or reissue)	
Design issue fee	
Plant issue fee	
Petitions to the Commissioner	
Processing fee under 37 CFR 1.17(q)	
Submission of Information Disclosure Stmt	
Recording each patent assignment per property (times number of properties)	
Filing a submission after final rejection (37 CFR 1.129(a))	
For each additional invention to be examined (37 CFR 1.129(b))	
Request for Continued Examination (RCE)	
Request for expedited examination of a design application	
Other fee (specify)	
*Reduced by Basic Filing Fee Paid	
SUBTOTAL (3) (\$ 120)	

## SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Bradley B. Geist	Registration No. (Attorney/Agent)	27,551	Telephone	212-408-2562
Signature				Date	08/08/2005

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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